

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Federation of Teachers COPE Prop/Ballot Committee			Date of This Filing 01/09/2020	Date Stamp Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818)843-8226	I.D. NUMBER (if applicable) 1240104	Report No. 30669			
STREET ADDRESS					
CITY Burbank	STATE CA	ZIP CODE 91505-			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Federation of Teachers COPE Prop/Ballot Committee			Date of This Filing <u>01/09/2020</u> Report No. <u>30669</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>2</u>	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818)843-8226	I.D. NUMBER (if applicable) 1240104				
STREET ADDRESS					
CITY Burbank	STATE CA	ZIP CODE 91505-			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/08/2020	Committee for Berkeley Public Schools Berkeley, CA 94703 ID# 1385985	Recruitment & Retention Measure(E) Berkeley Unified School District	\$2,500.00	03/03/2020
01/08/2020	Committee for Berkeley Public Schools Berkeley, CA 94703 ID# 1385985	Facilities Measure(G) Berkeley Unified School District	\$2,500.00	03/03/2020
01/08/2020	Committee for Berkeley Public Schools Berkeley, CA 94703 ID# 1385985	Maintenance Measure(H) Berkeley Unified School District	\$2,500.00	03/03/2020

Reason for Amendment: